Connecticut State Innovation Model Initiative

Presentation to Health Information Technology Council

December 18, 2014

Vision

Establish a whole-person-centered healthcare system that improves population health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their healthcare; and improves affordability by reducing healthcare costs

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Agenda

Statewide Initiatives
Population health planning
Payment reform: Alignment with Medicare SSP
Value-based Insurance Design
Health Information Technology

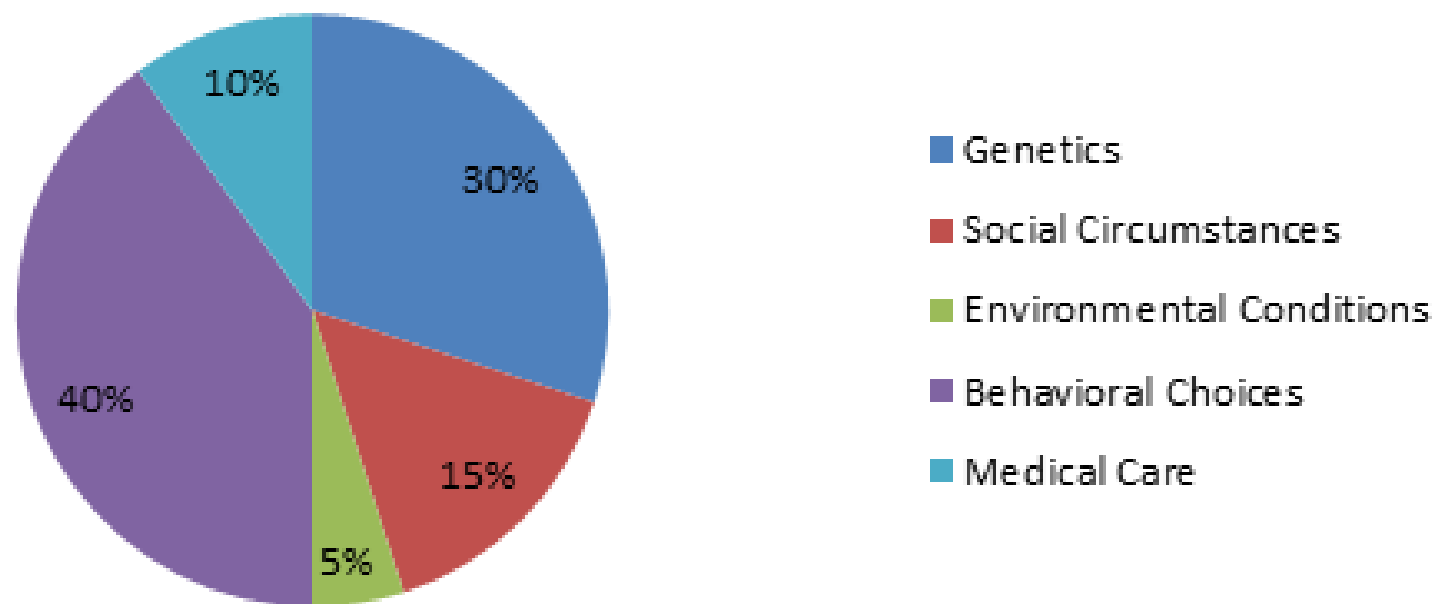| Targeted Initiatives |
|---|
| Medicaid Quality Improvement & Shared Savings Program |
| Primary Care Transformation |
| • Advanced Medical Home Glide Path
• Community and Clinical Integration Program |
| Governance
Why Connecticut? |

Statewide Initiatives

Population Health Planning

Why Population Health?

Health Determinants as a Percentage of our Mortality

- Genetics — 30%
- Social Circumstances — 15%
- Environmental Conditions — 5%
- Behavioral Choices — 40%
- Medical Care — 10%

The Population Health and Health Reform

Health Delivery System Transformation Critical Path

Coordinated Seamless Healthcare System 2.0

Community Integrated Healthcare System 3.0

Acute Care System 1.0

Episodic Non Integrated Care

Outcome Accountable Care

Community Integrated Healthcare

- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

- Patient/Person Centered
- Transparent Cost and Quality Performance
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care

Healthy Population Centered

Population Health Focused Strategies

Integrated networks linked to community resources capable of addressing psychosocial/economic needs

Population based reimbursement

Learning Organization: capable of rapid deployment of best practices

Community Health Integrated

E-health / telehealth capable

Neal Halfon, UCLA Center for Healthier Children, Families & Communities

Population Health Improvement Pathway

ASSETS

Plans:
Healthy CT 2020
- SHA
- SHIP
Chronic Disease Plan

Partners
Healthy CT Coalition
- (150+ members)

Data
- BRFSS, Mortality
- Hospital /ED discharge
- CHNA's
- Performance Dashboard

ACTIVITIES

Pop Health Planning
- Enhance existing coalition (payers, non-traditional)
- Focus on SDH and Equity
- Identify State priority conditions
- Identify barriers
- Identify Interventions
- Design and develop PSC and HECs
- Make recommendations to PMO and councils for integrating efforts

Enhanced Data Collection/Analysis
- BRFSS oversampling
- Integrating CHNA's
- Small Area Estimation
- Expand reportable conditions

VEHICLES

Prevention Service Centers (PSC)

Health Enhancement Communities (HEC)

Other Mechanisms
- **Coalitions and Partnerships**

Community Integrated Health Systems (Health System 3.0)

Improved Pop Health

Reduced Disparity

(Triple Aim)

Payment Reform

Value-Based Payment

- SIM design process spurred a multi-payer commitment to value-based payment

- Providers have been organizing to accept accountability for quality and total cost of care

- Under our model test grant, payers further committed to alignment with the Medicare Shared Savings Program (SSP)

Value-Based Payment Models

FFS

P4P

Upside

Gain share

Downside

Risk share
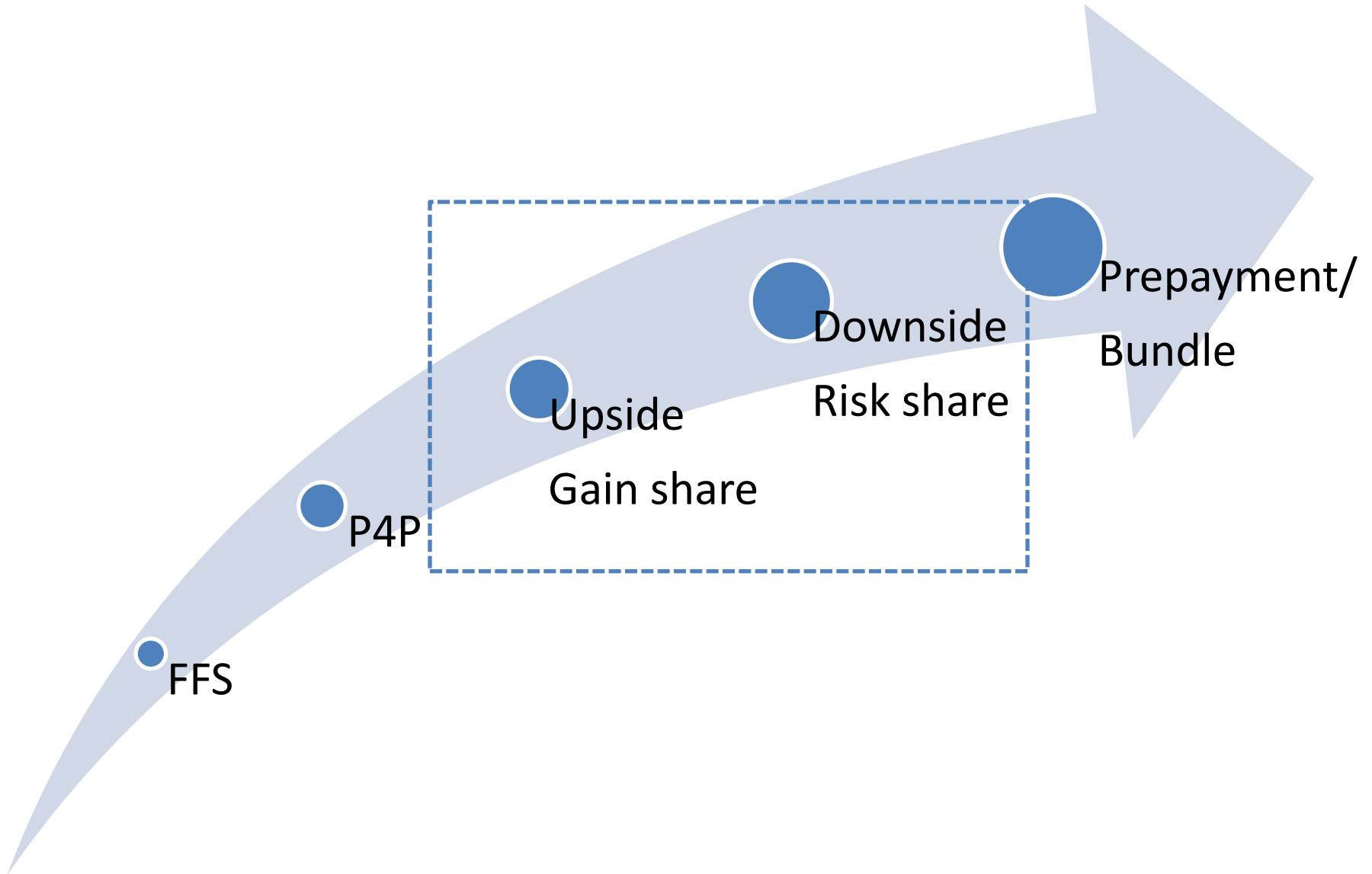
Prepayment/
Bundle

Value-Based Payment

- Today, 13 major provider organizations are participating in the Medicare SSP as ACOs, what we refer to as *Advanced Networks*

- Three additional Advanced Networks will participate by January 2015

- Connecticut State Medical Society established an ACO option for independent physicians

- The ACO structure is becoming the *default standard* in Connecticut

Value-Based Payment

- Federally Qualified Health Centers are seeking opportunities to assume accountability for quality and total cost of care

- Medicaid's participation, combined with SIM funded technical assistance, will enable FQHCs to develop these capabilities

- And it will enable Advanced Networks to achieve a predominance of SSP arrangements

Opportunities for Alignment with Medicare SSP

- Conditions of participation

- Governance

- Leadership and management structure

- Program integrity & compliance plan

- Marketing, beneficiary information & notification

- Quality Measures

- Attribution & Shared savings methodology

Quality Measure Alignment

- Improve efficiency, reduce complexity

- Improve focus, support quality improvement

- Make care experience matter

- Measure and reward health equity gains

Quality Council

- Maximize alignment with the Medicare Shared Savings Program ACO measure set

- Add measures to address:

  - Gaps, e.g., pediatrics, reproductive health

  - Areas of emphasis such as behavioral health, health equity, and care experience.

- Wherever possible, draw from established measures

- Accelerate migration to <u>outcome-based</u> measures

- Commitment to transparency

Quality Measure Alignment

- Challenges

  - Moving from process measures to outcome measures

  - Moving from claims based to EHR-based/self-reported

  - Overcoming payer specific base rate limitations, e.g., by producing payer agnostic measures

Role of HIT Council

- Recommend, define and oversee the implementation of technology solutions to enable the collection of data and production of performance measures for use in value-based payment by commercial payers and Medicaid

- Tools/technologies proposed in SIM grant

    - Edge-server

    - APCD?

Shared Savings Program
Participation Projections

Year	Beneficiaries	%
2016	1,305,000	38%
2017	1,745,000	50%
2018	2,270,000	64%
2019	2,596,000	73%
2020	3,117,000	88%

Value-Based Insurance Design

Value-Based Insurance Design

- Value-based payment most effective when paired with an insurance design that rewards positive health behavior

    – Self-management of chronic conditions

    – Participation in preventative services

    – Healthy lifestyle

Value-Based Insurance Design
<u>Goals</u>

Develop prototype VBID plan designs that align the interests of consumers and providers

Provide a mechanism for employers to share best practices to accelerate the adoption of VBID plans

Value-Based Insurance Design
Accountability Metrics

Year	Percent adoption
2016	44%*
2017	53%
2018	65%
2019	74%
2020	85%

*Estimate – will establish empirical baseline 2015

Targeted Initiatives

Medicaid Quality Improvement and Shared Savings Program (MQISSP)

Medicaid QISSP
Procurement

- DSS will procure FQHCs and Advanced Networks to participate in Medicaid QISSP

- Selection based on:
  - demonstrated commitment, experience and capacity to serve Medicaid beneficiaries;
  - ability to meet identified standards for clinical and community integration;
  - willingness to invest in special capabilities such as data analytics, quality measurement and rapid cycle improvement;
  - 5,000 attributed single-eligible Medicaid beneficiaries.

Medicaid QISSP
Procurement

- Priority given to:

  – Participation in Medicare and commercial SSP arrangements to maximize multi-payer alignment,

  – Situated in areas of critical need in the state for the Medicaid population, as evidenced by disease burden, disparities and cost of care.

Medicaid QISSP
Protections

- Upside only SSP

- Implement only when reasonable and necessary methods for monitoring under-service are in place

- New patient advocate position in the Office of the Healthcare Advocate

Medicaid QISSP
Implementation

- Two waves during the grant period

  - January 2016

  - January 2018

- Third wave projected 2020

- Estimate 200 to 215,000 beneficiaries in the first wave

Medicaid QISSP
Participation Projections

Year	Beneficiaries	%
2016	205,000	30%
2017	210,000	30%
2018	429,000	60%
2019	439,000	61%
2020	636,000	89%

Primary Care Transformation

Advanced Medical Home Glide Path
Building the Foundation

- Practice transformation support

- Modeled after existing Medicaid Person Centered Medical Home (PCMH) Glide Path program

- Accountability for meeting milestones

- Targeted to practices affiliated with Advanced Networks

  o Offered more widely within available resources

- On-site validation

AMH Glide Path – Accountability Metrics

Year		Primary Care Practices	
		Target	Percentage
2015	**Population N**	370	
	1st Quarter	0	0%
	2nd Quarter	0	0%
	3rd Quarter	0	0%
	4th Quarter	25	7%
2016	**Population N**	370	
	1st Quarter	140	38%
	2nd Quarter	185	50%
	3rd Quarter	185	50%
	4th Quarter	185	50%
2017	**Population N**	370	
	1st Quarter	185	50%
	2nd Quarter	185	50%
	3rd Quarter	235	64%
	4th Quarter	235	64%
2018	**Population N**	370	
	1st Quarter	370	100%
	2nd Quarter	370	100%
	3rd Quarter	370	100%
	4th Quarter	370	100%

Note 1: Targets are cumulative totals

Note 2: AMH target practices may extend beyond MQISSP

Community and Clinical Integration
Enabling the Enterprise

- Targeted Technical Assistance

  - Focus on identified priority areas, opportunities for significant quality and/or cost improvement; emphasis on building bridges to the community to address social determinants

- Learning collaboratives

  - Two dedicated collaboratives, one tailored to FQHCs and the other to Advanced Networks

Community and Clinical Integration

For participating Advanced Networks and FQHCs

1) integrating behavioral health and oral health,

2) providing medication therapy management services,

3) building dynamic clinical teams,

4) expanding e-consults between PCPs and specialists,

5) incorporating community health workers,

6) closing health equity gaps,

7) improving the care experience for vulnerable populations,

8) establishing community linkages

9) identifying "super utilizers" for community care teams

Role of HIT Council

- Recommend, define and oversee the implementation of technology solutions to enable the efficient exchange of health information to support effective treatment and care coordination

- Enabling tools/technologies proposed in SIM grant

    - Direct messaging

    - Consent Registry

Model Test Grant Award

SIM Test Grant Request	Revised Total
Plan for Improving Population Health	$ 6,244,006
Care Delivery/Payment Reform	
Medicaid QISSP	$ 7,877,886
AMH Glide Path	$ 8,056,445
Clinical Community Integration	$ 4,592,928
Innovation Awards	$ -
Quality Alignment	$ 617,400
Health Information Technology	$ 10,769,595
Workforce Development	$ 992,998
Value-based Insurance Design	$ 325,576
Consumer Engagement	$ 376,568
Program Evaluation	$ 2,700,000
PMO Administration	$ 2,446,598
Total	$ 45,000,000

SIM Governance Structure
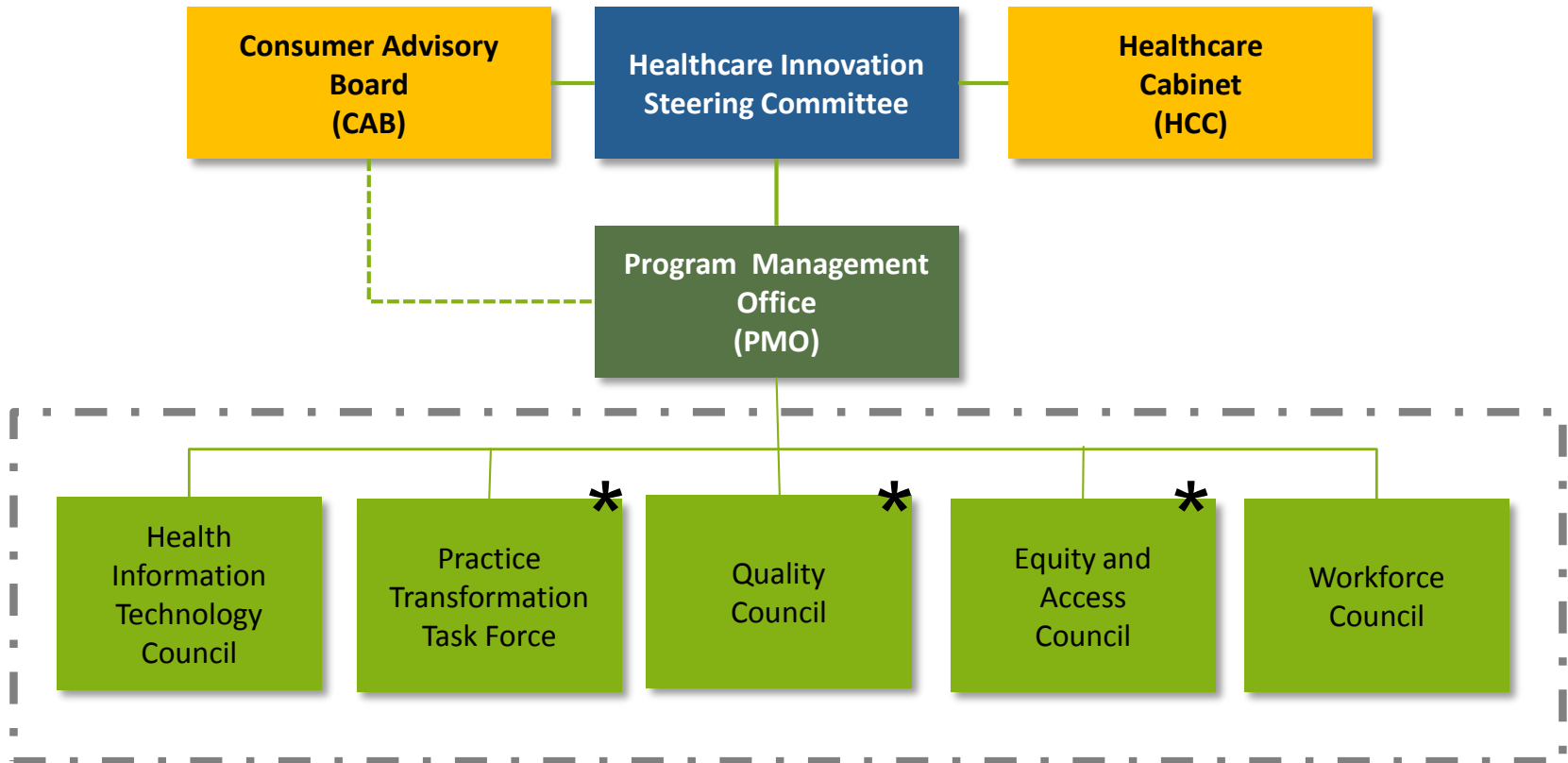
SIM Governance Structure

- Balanced and proportionate representation

  – Consumer advocates, providers, state agencies, payers

- More than forty consumer advocates

- Eight representatives of hospitals or hospital anchored systems

- Substantial physician participation including:

  – President, CT State Medical Society,

  – Governor, CT Chapter of the American College of Physicians,

  – President, CT Academy of Family Physicians

  – Former President, CT Chapter of the Academy of Pediatrics

Questions